

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 14, 2006
Secretary of State**

DOCUMENT# N21428

Entity Name: GENESIS PROFESSIONAL CENTER CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

815 ORIENTA AVE
UNIT 1010
ALTAMONTE SPRGS., FL 327015600 US

New Principal Place of Business:

815 ORIENTA AVE
UNIT 2020
ALTAMONTE SPRGS., FL 327015600 US

Current Mailing Address:

815 ORIENTA AVE
UNIT 1010
ALTAMONTE SPRGS., FL 327015600 US

New Mailing Address:

815 ORIENTA AVE
UNIT 2020
ALTAMONTE SPRGS., FL 327015600 US

FEI Number: 59-2947373

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEHMANN, KEITH
815 ORIENTA AVE
UNIT 2020
ALTAMONTE SPRGS., FL 327015600 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CHAUDHARI, GOVIND
Address: 157 VISTA OAK DR.
City-St-Zip: LONGWOOD, FL

Title: VPD () Delete
Name: BELLINI, LISA
Address: 815 ORIENTA AVE STE 1040
City-St-Zip: ALTAMONTE SPRINGS, FL 32701

Title: D () Delete
Name: BLAU, GORDON
Address: 815 ORIENTA AVE STE 1030
City-St-Zip: ALTAMONTE SPRINGS, FL 327015600 US

Title: TD () Delete
Name: LEHMANN, KEITH
Address: 815 ORIENTA AVE STE 2020
City-St-Zip: ALTAMONTE SPRINGS, FL 327015600 US

Title: PD () Delete
Name: HANSON, MARK
Address: 815 ORIENTA AVENUE, SUITE 1050
City-St-Zip: ALTAMONTE SPRINGS, FL 327015600

Title: SD () Delete
Name: MARA, BARBARA
Address: 815 ORIENTA AVE STE 1010
City-St-Zip: ALTAMONTE SPRINGS, FL 327015600 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEITH LEHMANN

DVP

02/14/2006

Electronic Signature of Signing Officer or Director

Date